



Home and Community-based Services (HCS) Program  
**Parent or Legally Authorized Representative (LAR) Contact Information**  
for Individuals Under 22 Years of Age

In accordance with the Texas Government Code, §531.1533, the parent or Legally Authorized Representative (LAR) of an individual under the age of 22 years who is receiving supervised living or residential support in the HCS Program must provide the contact information on this form. The parent or Legally Authorized Representative (LAR) must also provide a signed acknowledgement of responsibility described at the bottom of this form.

Name of Individual Receiving HCS Services		
Name of Parent/LAR <input type="checkbox"/> Parent <input type="checkbox"/> Legally Authorized Representative (LAR)		Telephone No(s). of Parent/LAR (Home and Cell)
Address of Parent/LAR		
Driver License No. of Parent/LAR	State of Issuance	DPS Personal Identification Card No.
Employer of Parent/LAR		Employer Telephone No.
Employer Address		

**Emergency Contact Information**

Name of Relative/Other Person the HCS Provider, Service Coordinator or HHSC May Contact		Telephone No(s). of Parent/LAR (Home and Cell)
Address		
Driver License No. and State of Issuance (optional)		DPS Personal Identification Card No. (optional)
Employer (optional)		Employer Telephone No. (optional)
Employer Address (optional)		

Name of Service Coordinator	Name of HCS Program Provider Representative
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**Attestation**

I, \_\_\_\_\_, the parent or legally authorized representative of \_\_\_\_\_ agree to notify the service coordinator and HCS provider representative of any changes to the contact information above and to make reasonable efforts to participate in \_\_\_\_\_'s life and in planning activities for him/her. I understand that if the contact information on this form is not provided or is not accurate and the service coordinator and the Texas Health and Human Services Commission (HHSC) are unable to locate me, then HHSC will refer the case to the Department of Family and Protective Services.

\_\_\_\_\_  
Printed Name—Parent/LAR

\_\_\_\_\_  
Signature—Parent/LAR

\_\_\_\_\_  
Date